



Resilience of Parents of Young University Students with Disabilities



Eleticia Isabel Pinargote Macías^a
Francisco Ashley Gavilanes Vaca^b
Víctor Hugo Cedeño Gavilán^c

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Abstract

The resilience of parents can play a decisive role as a resource that favors the inclusion and development of students with disabilities, representing a decisive contribution in school-family co-responsibility. This work showed a conceptual analysis related to resilience from a family dimension and especially the role played by parents. The research was carried out in the context of the Technical University of Manabí, a representative sample of students with disabilities and their families was selected, two instruments were applied to obtain the data: Family Functioning Scale [1] and the Mother Resilience Scale [2]. The attention to the young person with a disability was analyzed, and it is particularized in the related to the family of these. The results are shown in tables that allow the final results to be identified.

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Author correspondence:

Eleticia Isabel Pinargote Macías,

MsC. In educational and professional management, Universidad Técnica de Manabí, Portoviejo, Ecuador

Email address: iepinargote@utm.edu.ec

1. Introduction

Beyond any conceptual debate, it can be assured that resilience, seen as a social phenomenon that may originate in the volitional capacity of human beings, represents a paradigm shift that privileges the focus on strengths, not on the deficit or problem. It involves individuals, families, groups, communities, and institutions, to be part of the solution with the set of internal and external resources that allow facing critical situations of all kinds. It overcomes the notion of individual resilience and is conceptualized in Latin America on family or relational, community, Andean and business resilience [3].

Resilience is taken up by the social sciences in the mid-twentieth century, of Anglo-Saxon research that analyzed the positive overcoming of violent or traumatic experiences to systematize and propose strategies for understanding and confronting stress, conflict, dysfunction, and crises. Such as unavoidable elements of the human condition, but also probabilistic, insofar as they do not affect all its components in the same way [4].

^a Ms.C. In educational, Faculty of Humanistics of the Universidad Técnica de Manabí, Portoviejo, Ecuador

^b Ms.C. In computer security, Computer race of the Universidad Técnica de Manabí, Portoviejo, Ecuador

^c Graduate in clinical psychology, Universidad Tecnica de Manabí, Portoviejo, Ecuador

Resilience is not a new phenomenon, although it seems so, its history goes hand in hand with the tradition of man and is based on the belief that the positive always has to be superior to the negative and that the strengths will have a greater weight than what the difficulties can represent. It constitutes the genuine expression of man's aspirations to overcome difficulties and overcome himself. However, it is in recent years that the concept of resilience has taken off in the academic and scientific fields, especially in the social sciences. Being able to ensure, that lies in the human capacity to face adversities and emerge stronger from them, a reality that proposes a model that emphasizes the strengths that individuals are capable of creating, conditioning their interaction with the environment through their passage through different life stages of life [3].

In Ecuador, information and even research on resilience are very scarce, even more so when talking about parents and how to deal with the disability of their children in daily life. However, during the last months in the Technical University of Manabí, several investigations have been carried out related to the subject [5], [6]. When talking about resilience, the ability of the individual to face adversity is generalized as a definition; but, one thing is to suffer a disability, giving way to develop resilience and another to face this phenomenon from the role of the father of a family. Parents who face the complex situation of having a child with a disability must face the care and education of their children, considering the specific situation that they have because in the outside they must be prepared to overcome the frequent discrimination in various places and situations. That is the object of their children, a very special situation that causes an emotional imbalance in both the parents and the disabled youth, which promotes isolation to avoid being mocked or suffer humiliations. That is why promoting and reporting on resilience is important for these families who live these experiences, day by day, to guide them and so they can adopt elements that help them cope in a better way with this difficulty [7]. To face these realities, there are very few tools that provide mechanisms to diminish or minimize the complex difficulties that parents have to face in the diverse contexts that their children interact, particularly in the educational field, where the relationship of peers in Sometimes it becomes difficult. It is, therefore, necessary that parents are prepared to face the challenges promptly. The objective of the work is to foster resilience in the parents of young people with disabilities at the Technical University of Manabí.

2. Research Methods

The inductive method was applied which allowed to logically reason the concepts associated with the resilience of parents of young university students with disabilities. The study is of a quantitative-descriptive nature, of primary data sources, transactional in the collection of information, micro-sociological in its sample coverage. The fields of study are psychology and society. The sample is intentional, looking for the attributes necessary for the study.

The study population consists of 88 students from the Technical University of Manabí who have disabilities and who are enrolled in different levels of 22 careers. Table 1 shows the distribution by careers and by type of disability.

Table 1
Type of disability by careers

No	Career	Type of disability						Total
		Physical	Visual	Auditory	Psychology	Intellectual	Mental	
1	Business Administration	3						3
2	Librarianship		2		1		1	4
3	Accounting and auditing	1	2		1			4
4	Economy	3						3
5	Physical education		1					1
6	Nursing	3	1					4
7	Languages and Linguistics	1						1
8	Civil Engineering	1	1	3		1		6
9	Electric engineering		1					1
10	Engineering in Industries	2		1				3
11	Industrial engineer			1				1
12	Engineering in Sist. IT people	2	2					4
13	Mechanical Engineering	1	1	1				3
14	Chemical engineering	4	1					5

15	Zootechnical Engineering	2	1					3
16	Clinical laboratory	1		5				6
17	Medicine		1	1		1		3
18	Veterinary Medicine	1	1					2
19	Nutrition and diet	1	1					2
20	Optometry	2	1	2				5
21	Clinical psychology	2	6					8
22	Social work	5	4	7				16
23	Total	35	27	21	2	2	1	88

Source: Own elaboration based on the registration of disabled students

In order to determine the scale of family functioning, the sample was selected for the study, to which the instrument called "family functioning scale" [4] was applied to a group of 17 students and their parents. Table 2 shows the distribution of the sample selected for the study by careers and disability

Table 2
Sample of students selected for the study

Career	Type of disability			Total
	Physical	Visual	Auditory	
Mechanical Engineering	1	1	1	3
Chemical engineering	4	1		5
Zootechnical Engineering	2	1		3
Clinical laboratory	1		5	6
Total	8	3	6	17

Source: Own elaboration based on the registration of disabled students

The "Maternal Resilience Scale" [2] was applied, which contains 45 reagents with eigenvalues greater than 1, which explain 50.19% of the total variance, with a global Cronbach alpha of 0.919; uses a five-point Likert-type classification (from never to always), which is accompanied by a pictorial scale. From an ecosystemic approach, the construct aims at the interaction between the characteristics of the mother (behaviors) for the attention of the child with a disability, with the mediators that determine the impact of this disability and favor or not a positive adaptation. The scale is made up of six factors: one to identify self-determination as a characteristic of resilience and five related mediators: three personal (despair, spiritual faith and reject personal responsibility) and two environmental (lack of support from the couple and limited resources to satisfy needs).

The Family Functioning Scale [1], which has been elaborated from a systemic approach, contains 45 reagents with eigenvalues greater than 1; it explains 56% of the total variance, and its overall internal consistency is 0.853. It includes a classification of five Likert-type points (from never to always) and four dimensions: positive family environment, hostility/conflict avoidance, command/problems in the expression of feelings and cohesion/rules.

Pearson correlations were calculated to analyze first, the relationship between the dimensions of each instrument, and subsequently, to identify the existing one between those of maternal resilience and family functioning. The results of the relationship between the dimensions of maternal resilience are shown in Table 3. Table 4 shows the correlation between the dimensions of the family functioning scale and table 5 shows the correlation between the dimensions of resilience maternal and family functioning.

3. Results and Analysis

3.1 Attention to the disabled

Caring for the disabled implies taking care of diversity as a conception and practice of knowing, respecting and valuing the individual and cultural differences of the disabled, in a climate of absolute respect and consideration. For people who are obviously at a disadvantage, avoiding any discrimination, facilitating the integration of social life into its context and the interpretation of diversity aimed at serving the whole group under the principle of integration, normalization, and equity. Which individual differences are accepted, valued and respected with justice and equity [8].

It is considered that attention to diversity is similar to worrying about measures that can compensate inequalities and mitigate in some way the disadvantages. Students experience in relation to access, permanence and prosecution

within the education system; Likewise, it serves as a means to eliminate barriers that limit learning and participatory integration in equal opportunities to the curriculum, physical facilities and educational life [9]. In Ecuador, there have been several studies associated with student exclusivity and resilience among which are: [5], [6], [10].

At present, people with disabilities are increasingly accessing higher education. However, there is still a situation of inequality when it comes to training or entering the labor market [11], [12]. However, a social investigation aimed at analyzing the degree of inclusion of people with disabilities in the Spanish university system. Which has been carried out by the PricewaterhouseCoopers (PwC) consultant in 2013 [13], shows that the number of students with disabilities they are decreasing in Spanish universities as they continue with the completion of higher education. That is, of the 1.2% of students with disabilities in undergraduate, first and second cycle studies (11,866) we reach 0.5% of students with disabilities who do postgraduate and master studies (765), and at 0, 3% of students with disabilities who do doctorate studies (124).

The definition of strategies for attention to diversity leads to reconceptualizing the term disability, which is described as a restriction or absence related to a deficiency in the ability to perform any activity in what is known as normal for any person [14]. The situation stated above may indicate that the term is used to refer to those people who, due to their sensory, motor, intellectual or emotional conditions, have disabilities and are limited to perform normally, like any other person; so it requires. According to their condition, be integrated into the educational context and thus achieve training with equal conditions and opportunities as the rest of the group.

From the above, it can be deduced that the issue of integration has been discussed by various world organizations, among which is the United Nations Educational, Scientific and Cultural Organization [15] that within the framework of the programs "Education for all" held in Dakar-Senegal. The World Education Forum, which confirms the concern of different nations, about the right of people with disabilities to have access, achieve the permanence and graduation of university education, with equity, solidarity and equal opportunities as a fundamental right.

3.3 Development and application of psychological instruments

The development and application of psychological instruments that are valid and reliable, aimed at identifying the resilience of people in the face of specific adversities, helps to clarify the construct and to develop practical tools to intervene and enrich individual resilience in real environments. It is necessary to identify the parents as a dependent variable, that is, to know how the characteristics of the children can affect their behaviors and psychological functioning; which is more important in low-income families and disadvantaged socioeconomic regions. In this sense, we must consider that the life circumstances that are normative in a given sociocultural context may not be so in another. Hence the findings on resilience based on one population can not be generalized to others [23] because resilience reflects cultural elements.

Considering what has been analyzed above, it can be assured that to achieve a relevant educational response and improve the learning of students with disabilities. Especially if they live in marginalized areas, it requires committed participation, above all from parents, as well as the study of contexts, the processes that occur in and between them and the attitudes and perceptions of those involved, because they impose limits or induce certain behaviors. The family is the first socializing context par excellence, the first natural environment where the members that form it evolve and develop emotionally, physically, intellectually and socially, according to models experienced and internalized. The family must offer sufficient opportunities to develop those skills and personal and social competencies that allow its members to grow with security and autonomy, being able to relate and act satisfactorily in the social field. This also reveals the decisive role acquired by close family adults in the education of children, although without forgetting that other institutions and media also intervene in the education of people [24].

From the above, the work emphasizes the need to study deeply, the relationship between the resilience of parents whose children have disabilities and the functioning of their families, to design and implement psychological intervention and provide evidence to practice resilient in higher education. Table 3 shows the correlation between the dimensions of maternal resilience.

Table 3
Correlation between the dimensions of maternal resilience

Dimensions	Despair	Lack of support of the couple	Limited resources for satisfy needs	Spiritual faith	Self-determination
Despair	1				
Lack of support of the couple	0.607**	1			
Limited resources for satisfy needs	0.694**	0.48**	1		
Spiritual faith	-0.338**	-0.217	-0.217	1	
Self-determination	-0.749**	-0.516**	-0.621**	0.491*	1
Reject responsibility personal	0.802**	0.626**	0.7**	0.278*	-0.656**

** p = 0.01; * p = 0.05.

En la tabla 4 se muestra la correlación entre las dimensiones de la escala de funcionamiento familiar.

Table 4
Correlación

Dimensions	Ambient positive family	Hostility/avoidance of the conflict	Command/problems in the expression of feelings
Ambient positive family	1		
Hostility/ avoidance of the conflict	-0.732**	1	
Command / problems in the expression of feelings	-0.727**	0.834**	1
Cohesion / rules	0.591**	-0.417**	-0.296**

** p = 0.01.

En la tabla 5 se expone la correlación entre las dimensiones de resiliencia materna y del funcionamiento familiar.

Table 5
Correlation between the dimensions of maternal resilience and family functioning

Family Operation	Maternal Resilience					
	Characteristic		Mediators			
			Personal		Environmental	
	Self-determination	Despair	Spiritual faith	Reject responsibility	Lack of support from the couple	Limited resources to satisfy needs
Ambient positive family	0.585**	0.534**	0.118	0.453**	0.334**	0.565**
Hostility / avoidance of the conflict	0.497**	0.513**	-0.142	0.464**	0.372**	0.511**

Command/problems in the expression of feelings	-0.51**	0.539**	0.007	0.533**	0.551**	0.529**
Cohesion /rules	0.287*	-0.203	0.001	-0.12	-0.28*	-0.206

** p = 0.01; * p = 0.05.

Pearson correlations were calculated to analyze first, the relationship between the dimensions of each instrument, and subsequently, to identify the existing one between those of maternal resilience and family functioning. The results of the relationship between the dimensions of maternal resilience. Significant negative correlations were found between the self-determination of mothers of children with disabilities: two personal mediators (despair and reject personal responsibility) and two environmental mediators (limited resources to satisfy needs and lack of support from the couple).

Regarding mothers, it was possible to quantify with the Maternal Resilience Scale [2] that maternal hopelessness, on the other hand, correlated positively and significantly, mainly with: the rejection itself regarding responsibility for the child with a disability. The presence of limited resources to meet the needs of this and the lack of support from the couple to attend to it. The refusal of the mother to said personal responsibility correlated positively and basically with the two environmental mediators already mentioned. Finally, the positive relationship identified between the two environmental mediators is highlighted.

Regarding the correlation between the dimensions of the family functioning scale, it was identified that each of the positive dimensions of the scale That is the positive family environment and cohesion/rules. It is negatively and significantly associated with the two negative dimensions: hostility/avoidance of conflict and command/problems in the expression of feelings. The positive correlations were between command/problems in the expression of feelings and hostility/avoidance of conflict, and between positive family environment with cohesion/rules. Among the dimensions of both scales, it was found that the self-determination of the mother was significantly related to the four dimensions of family functioning: positively, mainly with a positive family environment and negatively, with control/problems in the expression of feelings and hostility/avoidance of conflict.

Finally, four of the mediators of maternal resilience showed in the analysis of the research, except spiritual faith, which is associated mainly with three dimensions of family functioning. Negative with positive and positive family environment, both with hostility/avoidance of conflict, as with command/problems in the expression of feelings. Finally, it is important to consider that the existence of multiple definitions of resilience, implies. There is no agreement among researchers regarding their meaning and regarding the dimensions that comprise it, which are diverse and have been studied on many occasions independently and not as part of this construct, and impacts the presence of different ways for its evaluation and research. However, identifying the presence of self-determination in mothers before intellectual disability, as a characteristic of resilience and from an ecosystemic approach is fundamental, because it gives an account of the actions that these can carry out in support of the development and inclusion of their children. In the context of vulnerability in which they live and to the related personal and environmental mediators that can aggravate the impact of said adversity.

This shows that the resilience is multidetermined and multicausal, so that studying it does not prioritize the personality characteristics of the individual or some subjective personal attribute. But rather it is a dynamic development process, in which the experience of adversity relevant to the person and in which the presence and interaction between personal mediators and the family and social environment in general, can contribute to overcoming this adversity. In this sense, we must consider that life circumstances that are normative in a given sociocultural context, may not be so in another; hence, findings on resilience based on a population and in the face of specific adversity, can not be generalized to other.

4. Conclusion

The work provides information about the importance of the father about maternal resilience, by identifying that: the greater the lack of support of this for the care of the child with a disability, the greater the refusal of the mother to take responsibility for the same and lower their self-determination. This lack of support was identified also related to family functioning: the presence of a negative family environment, hostility, problems expressing feelings and lack of cohesion/rules.

The work made it possible to identify family functioning as an important mediator related to maternal resilience; Specifically, there was a correlation between the two positive dimensions of the family functioning scale. It means that when the relationship patterns are characterized by satisfaction, exchange of ideas and expressions of affection

and respect, there will be a greater effective bond between its members, aspects that in the presence of a disability, represent positive mediators for maternal resilience.

Based on the results of the work, intervention programs that promote, proactively or reactivate, the development of characteristics of maternal and family resilience such as self-determination, as well as the resources that favor it, the inclusion and development of students with disabilities as to the co-responsibility school-families.

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Biography of Authors

	<p>Eleticia Isabel, MsC. In educational and professional management, graduate in educational sciences, teacher and vice-dean of the career of psychology, Universidad Tecnica de Manabí</p>
	<p>Francisco Ashley, Master's degree in computer security, computer engineer, computer and electronics department, full-time professor, Universidad Técnica de Manabí</p>
	<p>Víctor Hugo, Graduate in clinical psychology, Universidad Tecnica de Manabí</p>